STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355039	A. BUILDING _____ B. WING _____	04/25/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRIGGS COUNTY CARE CENTER	1200 ROBERTS AVE NE COOPERSTOWN, ND 58425

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS For the standard Medicare/Medicaid recertification survey started on April 23, 2012 and completed on April 25, 2012 the sample included two (2) residents for complete review, eight (8) residents for focused review, and one (1) closed record for review.	F 000		
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation, record review, facility policy, and staff interview, the facility failed to provide an environment that promotes the residents' dignity during dining for 3 of 3 sampled residents (Resident #1, #5, and #9) requiring total assistance with eating. Failure to appropriately wipe food from residents faces during mealtimes is demeaning to residents and does not respect their individuality and self worth. Findings included: Review of a facility policy titled "Feeding the Resident" occurred on 04/25/12. This policy, dated 07/27/09, stated, ". . . 5. . . Wipe excess food from the resident's mouth with a napkin. Clothing protectors should not be used. Scraping of food from the face using utensils is not acceptable. 6. Never rush through their meal. . . ."	F 241	1) Staff was provided immediate education on the importance of not scraping food from resident's faces using utensils and on the appropriate way to wipe resident faces if spills occur. This was done just after the State Survey Team's exit. All staff present were instructed to pass on information and correct deficient practices as they see them occur. Nurse's were instructed to watch feeding techniques closely at all meals and snack times and to provide education if deficient practices are observed. 2) All resident's requiring assistance with eating and wiping their faces have the potential to be affected by the deficient practice. 3) Mandatory Staff Inservices on proper feeding techniques and dignity were held May 10 and 11, 2012 at 2:30 p.m. All Certified Nursing Personnel and Licensed/Registered Nurses were required to attend. Current Feeding Policy was reviewed with staff and copies were handed out to all present.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 5-10-12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 241	Continued From page 1 - Review of Resident #9's medical record occurred on April 23-25, 2012. The quarterly Minimum Data Set (MDS), dated 01/23/12, showed the resident required total assistance with meals. Observations during the noon meal on 04/24/12 from 11:35 a.m. to 11:55 a.m., showed a certified nursing assistant (CNA) (#6) assisting Resident #9 with the meal. During the meal, the CNA (#6) fed the resident a pureed meal with a spoon in a rapid manner, providing one spoon after another. The CNA (#6) also scraped food from around the resident's mouth, returned it to the dish, and continued to feed the resident from the dish. During this observation, the CNA (#6) scraped food from the resident's clothing protector, and refed the food to the resident. Observations during the noon meal on 04/25/12 at 11:45 a.m., showed a CNA (#7) assisting Resident #9 with the meal. The staff member fed the resident a pureed meal with a spoon, scraped food from the corners of the resident's mouth, returned the food to the dish, and continued to feed the resident from the dish. - Review of Resident #5's medical record occurred on April 23-25, 2012. The annual Minimum Data Set (MDS), dated 03/01/12, showed the resident required total assistance with meals. Observation showed staff members assisting Resident #5 during meals. Several times, the staff members scraped food from around the resident's mouth and refed it to the resident during the dates listed:	F 241	4) 5) Feeding techniques will be monitored to ensure current facility Feeding Policy is followed consistently by the facility Quality Assurance Coordinator (QAC), or designee, at 2 out of 3 meals per day, 5 days per week x 2 weeks and then once weekly (2 out of 3 meals) x 2 weeks. QAC, or designee, completing the monitoring will be required to provide immediate education if deficient practices are observed. Director of Nursing will be notified of all deficient practices so appropriate follow-up can be done. At the completion of 4 weeks of monitoring, the Quality Assurance Committee will review results and determine continued need and frequency of monitoring.	5/30/2012

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F 241	Continued From page 2 *04/24/12 noon meal, CNA (#1) *04/24/12 evening meal, CNA (#2) *04/25/12 noon meal, CNA (#3) Observation of cares on 04/24/12 at 9:35 a.m., showed CNA (#4) used a disposable wipe to first cleanse a stain on Resident #5's shirt, then used the same disposable wipe to cleanse the resident's face. During an interview on 04/25/12 at 2:10 p.m., an administrative nursing staff member (#8) confirmed staff should not cleanse a resident's shirt and then her face with the same disposable wipe. - Review of Resident #1's medical record occurred on April 23-25, 2012. The quarterly Minimum Data Set (MDS), dated 02/28/12, showed the resident required total assistance with meals. Observation at the noon meal on 04/24/12 and 04/25/12, showed CNA (#5) assisting Resident #1 with the meals. The staff member scraped food from Resident #1's mouth with a spoon. During an interview on 04/25/12 at 2:45 p.m., an administrative nursing staff member (#9), reported the facility completed random observations during meals, for Quality Assurance (QA) on 04/20/12. This staff member (#9) stated a staff nurse made random observations during dining, focusing on proper feeding techniques and the procedures outlined in the facility policy. The staff member (#9) agreed the observations made during meals on April 24 and 25 were not acceptable.	F 241		

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F 499 SS=D	483.75(g) EMPLOY QUALIFIED FT/PT/CONSULT PROFESSIONALS The facility must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements. Professional staff must be licensed, certified, or registered in accordance with applicable State laws. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of state licensing regulations, and staff interview, the facility failed to ensure 1 of 6 medication assistants (medication assistant #10) utilized by the facility was authorized to work in a skilled nursing facility in accordance with applicable State laws. Findings include: Review of North Dakota Administrative Code State Licensing Chapter 33-43-01-20 (1) a Nurse Aide Training, Competency Evaluation, and Registry, page 33 identified the following: "... Effective July 1, 2011....1. a. A medication assistant 1 may work in settings where the licensed nurse is not regularly scheduled, however, may not work in a nursing facility or acute care setting, including clinics. . . ." During the initial tour of the facility on the morning of 04/23/12, observation showed a medication assistant passing medication. The list of facility personnel provided by the facility failed to identify any medication assistants. Upon request, an	F 499	1) N/A 2) N/A 3) Director of Nursing received current regulatory information via email from Joan Coleman with the State Department of Health during the Survey visit for education purposes. The CNA employed by the facility that has Med Aide I Certification was informed she may not perform Med Aide I duties in a Nursing Facility. This employee works night shifts and has not been scheduled to work a Med Aide shift. Nursing staff that work night shifts with employee were also instructed that Med Aide I's cannot work in Nursing Facilities. A policy was written indicating Griggs County Care Center would not hire Med Aide I's. Human Resources and Nursing Management were both educated on the policy. 4) 5) Staffing of Med Aide I's will be monitored by the facility Quality Assurance Coordinator, or designee, daily x 2 weeks, then weekly x 2 to ensure Med Aide I's are not being allowed to work at Griggs County Care Center. Any problems noted will be reported immediately to the facility Director of Nursing for appropriate follow-up. Results of monitoring will be	4/26/2012

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F 499	Continued From page 4 administrative nursing staff member (#8) provided a list of medication assistants identifying five medication assistant IIs and one medication assistant I. During interview on 04/25/12, at 10:00 a.m., an administrative nursing staff member (#8) stated the medication assistant I (#10) works the night shift and has passed four medications since January of 2012. This administrative nursing staff member stated she was unaware a medication assistant I could not work in a skilled nursing facility.	F 499	reported to the facility Quality Assurance Committee at scheduled meetings. Committee will be responsible for determining on-going monitoring after results are reviewed.	